

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/07/2011
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC			STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST WASHINGTON, DC 20015		
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I 000	INITIAL COMMENTS A licensure survey was initiated on January 6, 2011 through January 7, 2011. A sample of two residents was selected from a population of four males with various intellectual disabilities. The findings of the survey were based on observations and interviews with staff as well as a review of residents and administrative records, including incident reports.	I 000	<i>Received 3/1/11</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002		
I 189	3508.7 ADMINISTRATIVE SUPPORT Each GHMRP shall maintain records of residents' funds received and disbursed. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Persons intellectual disabilities failed to ensure a system to maintain records of residents funds disbursed, for two of the two residents in the sample. (Residents #1 and #2) The findings include: 1. On January 7, 2011, at approximately 12:23 p.m., interview with the qualified mental retardation professional (QMRP), house manager (HM) and review of Resident #1's financial records from June 2010 through December 2010, revealed that the facility assisted the residents with maintaining his finances. Further record review revealed a withdrawal from the residents' personal accounts on June 10, 2010, in the amount of \$337.00. Further review revealed no receipts for the withdrawal. Interview with the house manager (HM), at 12:33 p.m., indicated that she was not the HM at the time of the withdrawal and could not give an	I 189			

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

*Evelle Moore**Residential Director*

TITLE

3-1-2011 (X5) DATE

7R1E11

If continuation sheet 1 of 11

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I 189	Continued From page 1 account of the residents' money or provide additional receipts for the withdrawal. She further indicated that the money was requested for clothing, a hair cut and an outing. However she acknowledged that there were no receipts for the aforementioned requested amount. 2. On January 7, 2011, at approximately 12:40 p.m., interview with the QMRP and HM and review of Resident #2's financial records from June 2010 through December 2010, revealed that the facility assisted the residents with maintaining his finances. Further record review revealed a withdrawal from the residents' personal accounts on June 10, 2010, in the amount of \$310.00. Further review revealed receipts totaling \$246.70. Interview with the HM, moments later, indicated that the money was requested for clothing, a hair cut and an outing. She further indicated that she was not the HM at the time of the withdrawal and could not give an account of the residents' money or provide additional receipts. Interview with the QMRP and continued record review revealed that the facility could only account for \$246.70 of the \$310.00 withdrawal. The group home failed to maintain records of residents' funds received and disbursed.	I 189	3508.7 A search process was conducted by the new Client Funds Coordinator that produced the receipts for the 337.00 for Resident #1 (Copies Attached). Copies were sent to the home for the individual records. Receipts for the \$60.00 not accounted for (Resident #2) were not found, therefore that amount will be restored to the account of Resident #1 in the next 3 business days...3-4-11 MTS hired a full time Client Accounts Manager that reconciles records at minimum monthly with Facility Managers and who manages and tracks all client funds transactions...3-1-11		
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.	I 206			

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I 206	Continued From page 2 This Statute is not met as evidenced by: Based on interview and record review, the Group Home for persons with intellectual disabilities failed to ensure four of the eleven staff (Staff #1, #2, #3, and #4) and five of the seven consultants (Consultants #1, #2, #3, #4, #5, and #6) had current health certificates. The finding includes: On January 7, 2010, at 1:00 p.m., interview with the house manager (HM) and review of the personnel records revealed the GHMRP failed to have evidence of current health certificates for Staff #1, #2, #3, and #4 and consultants #1, #2, #3, #4, #5, and #6.	I 206	3509.6 The clinical consultants that do not have current health certificates have been contacted by phone and by mail and given a deadline of 3-15-11 to provide updated health certificates. Any that does not will have checks held until the certificates are submitted...3-15-11 MTS is proactively tracking personnel file considerations and notifies both staff and consultants of upcoming issues at minimum 30 days before they expire. MTS will continue this practice but via the HR Director, will initiate follow up actions when items are not received in the timeframes prescribed. The HR Director will maintain a tracking spread sheet to both proactively track compliance and follow up where necessary...3-15-11 Two staff members have submitted updated health certificates and two have until 3-15-11 or they will be removed from the staff schedule...3-15-11		
I 274	3513.1(e) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records: (e) Signed agreements or contracts for professional services; This Statute is not met as evidenced by: Based on record review and interview, the Group Home for persons with intellectual disabilities failed to ensure evidence of signed contracts for professional services, for four of the seven consultants. The finding includes: Review of the consultants personnel records presented on January 7, 2011, beginning at 1:00	I 274			

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I 274	Continued From page 3 p.m., revealed that the GHMRP failed to provide evidence of signed contracts for the primary care physician, psychiatrist and two medication nurses. The qualified mental retardation professional confirmed the findings, moments later.	I 274	3513.1 (e) The four clinical professional are long term MTS consultants that have agreements that do not have termination dates but rather termination clauses that establish the circumstances under which the agreement is terminated. All are operating under their existing agreements (see: attached copies)...3-1-11 MTS has sent copies of these agreements to Northampton to insure they are in the personnel files in the home...3-1-11		
I 291	3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for persons with intellectual disabilities primary care physician failed to sign physician orders (POS), for one of the two residents residing in the facility. (Resident #1) The findings include: Review of Resident #1's medical record on January 6, 2011, beginning at 9:00 a.m., revealed the following telephone orders had no signature from the prescribing physician's signature, as evidenced below: a. A telephone order dated August 28, 2010, for Bactrim DS, one tab twice a day for 10 days. b. A telephone order dated August 28, 2010, to repeat urinalysis with CAS. Interview with the registered nurse (RN) on January 6, 2011, at approximately 12:30 p.m., verified their failure to obtain a signature from the prescribing physician.	I 291	3514.2 The PCP has signed the order for Bactrim for Resident #1 (see: attached copy of signed order). The Director of Nursing (DON) met with the RN to reinforce the importance of getting the PCPs signature for verbal orders in a timely manner...3-1-11		

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I 401	Continued From page 4	I 401			
I 401	<p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to ensure residents received timely medical follow-up and recommended speech language assessment, for one of the two residents in the sample. (Resident #1)</p> <p>The findings include:</p> <p>1. The facility's nursing staff failed to ensure that Resident #1 received a timely medical follow-up, as follows:</p> <p>Review of Resident #1's medical record on January 6, 2011, beginning at 8:45 a.m. revealed an endocrinology consult dated September 16, 2010. The medical consult sheet indicated that the resident is prescribed Androderm 5 mg patch and should return in three months.</p> <p>Interview with the registered nurse (RN) on January 6, 2011, at approximately 12:30 p.m., revealed that an appointment had not scheduled.</p> <p>2. Observations on January 6, 2011, at 8:00 a.m., revealed that Resident #1 was non-verbal. Review of Resident #1's Individual Support Plan (ISP) dated May 4, 2010, on January 6, 2011, at 12:11 p.m., revealed a recommendation for the</p>	I 401 I 401	<p>3520.3</p> <ol style="list-style-type: none"> 1. Resident #1 was seen by endocrinology on...1-13-11 2. The QMRP has spoken with the service coordinator and has requested funding for a speech assessment for Resident #1. The service coordinator has agreed to put in a prior authorization request for the funding. The assessment will be completed by...3-20-11 3. Resident #1 was seen by ENT on...1-14-11 (See: attached consultation report copy) <p>In the future, the RN will use the standard MTS appointment tracking form to track and schedule all needed medical follow up in a person-specific manner. Additionally, the RN, QMRP and facility manager will meet monthly to discuss medical follow up for each person in their cluster...3-1-11</p>		

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1401	Continued From page 5 resident to receive a speech language assessment. Further record review revealed no evidence of a speech language assessment. Interview with the qualified mental retardation professional (QMRP) on January 6, 2011, at approximately 12:30 p.m., indicated that he was not aware of the aforementioned recommendation. He further indicated that he would contact the residents' service coordinator and request the insurance funding approval and obtain the speech language assessment. 3. Review of Resident #1's medication record on January 6, 2011, beginning at 8:45 a.m., revealed an ENT medical consult sheet dated March 29, 2010. The ENT specialist removed the was impaction bilaterally and recommended that the resident return in four months. At the completion of the survey, the resident had not returned to the ENT specialist. Interview with the RN on January 6, 2011, at approximately 3:00 p.m. confirmed that the ENT appointment had not been obtained.	1401			
1424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on staff interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise the Individual	1424			

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1 424	<p>Continued From page 6</p> <p>Program Plan (IPP) once the residents had successfully completed an objective identified in the IPP, for one of the two residents in the sample. (Resident #2)</p> <p>The findings include:</p> <p>a. Review of Resident #2's IPP dated June 9, 2010, was reviewed on January 7, 2011, at 10:30 a.m. The resident had a program objective which stated, "[the resident] will be given verbal/gestural prompting, respond to fire drills once per month for 12 consecutive months." Record verification of the QMRP quarterly reviews dated from March 2010 through December 2010, on January 7, 2011, at approximately 11:00 a.m., indicated that the resident achieved the established criteria March 2010. It should be noted that the time of the development of the resident's IPP, he had met the established criteria.</p> <p>b. Similarly, review of Resident #1's IPP dated June 9, 2010, on January 7, 2011, at 10:30 a.m., revealed a program objective which stated, "[the resident] will purchase an item, collect change and receipt from cashier with verbal assistance for 12 consecutive months." Review of the QMRP quarterly reviews from March 2010, through December 2010, revealed that the resident met the established criteria since June 2010. Further review of the data sheets indicated that the resident met the established criteria since March 2010.</p> <p>Several minutes later, the QMRP confirmed that the resident met the established criteria at the time of the development of the IPP.</p>	1 424	<p>3521.5 (a)</p> <p>The two goals mentioned in "a" and "b" of this citation for Residents #2 and #1 respectively have been revised to increase the performance criteria to "Independence"...3-1-11.</p> <p>Hereafter, the QMRP will review and when appropriate revise all measurable objectives for each person supported based on their demonstrated progress or the lack thereof. The QMRP notes will outline the rationales for each decision...3-30-11</p>		
1 474	3522.5 MEDICATIONS	1 474			

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1474	<p>Continued From page 7</p> <p>Each GHMRP shall maintain an individual medication administration record for each resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Persons with Mental Retardation (GHMRP)'s nursing staff failed to maintain medication administration records (MARs) accurately, for one of the two residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>The GHMRP's nursing staff failed to document the administration of Amoxicillin in accordance with Resident #2's physician's orders (POS), as evidenced below:</p> <p>On January 6, 2011, beginning at 8:45 a.m., review of Resident #2's MARs revealed that on October 29, 2010, (6:00 p.m. and 12:00 a.m.) through November 5, 2010, the resident received Amoxicillin 500 mg, every six hours for an abscess for seven days. Further record review revealed that the resident received 26 doses of the Amoxicillin, however according to the MARs the resident should have received 28 doses.</p> <p>Interview with the registered nurse on January 6, 2010, at approximately 4:00 p.m., confirmed that the Resident #2's MARs reflected 26 doses of the prescribed Amoxicillin.</p>	1474	<p>3522.5</p> <p>Internal QA interviewed the RN for Northampton and was told that upon further review, it was determined that Resident #2 did receive all 28 doses of Amoxicillin prescribed. She determined this based on information obtained via interview with the medication nurses involved and by an examination of the medication supply which demonstrated no remaining doses or the medication. One particular nurse, it was discovered, failed to document two doses given and was reinforced by the RN to insure that all medication administration is properly documented. The RN will check the MARs at minimum weekly to insure all medications are given as prescribed and that medication administration is documented properly on the MARs with 100% consistency...3-1-11</p>		
1500	<p>3523.1 RESIDENT'S RIGHTS</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal</p>	1500			

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1500	<p>Continued From page 8</p> <p>laws.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for for persons with intellectual disabilities failed to ensure the rights of residents were observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and Federal Laws, for two of two residents included in the sample. (Residents #1 and #2)</p> <p>The findings include:</p> <p>1. The GHMRP's Human Rights Committee (HRC) failed to review, approve and monitor residents sedations prior to implementations, for one of the two residents in the sample. (Resident #2)</p> <p>a. Review of Resident #2's physician orders (POS) on January 6, 2011, at approximately 3:00 p.m., revealed the following sedations for medical appointments:</p> <ul style="list-style-type: none"> - On September 9, 2010, Valium 10 mg prior to podiatry appointment; - On September 9, 2010, Ativan 3 mg prior to podiatry appointment; and - On November 18, 2010, Chloral Hydrate 500 mg prior to podiatry appointment. <p>Review of Resident #2's Psychological Assessment dated August 30, 2010, on January 7, 2011, at 10:51 a.m., revealed that the resident was not competent to make decisions regarding his health, safety, financial or residential</p>	1500	<p>3523.1</p> <ol style="list-style-type: none"> 1. The DON and Director of Residential Programs have met with the QMRP and RN to insure that sedation is only done after proper consent has been obtained from the person involved in they are capable of providing it, or their legally-recognized decision-making support person. The DON will review all sedation situations with each RN monthly during team (nursing) meetings and the HRC meeting protocol is being revised to insure that all upcoming sedation situations are discussed and approved by the committee...3-15-11 2. Orders for psychotropic medications are reviewed and renewed as appropriate monthly (see: attached orders). The DON followed up with pharmacy services to insure that orders are received for psychotropic medications monthly and psychiatry was also reinforced to review each such regimen monthly...3-1-11 3. Same as #2 above. 		

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I 500	<p>Continued From page 9</p> <p>placement. Further review of Resident #2's record failed to provide evidence that the HRC reviewed, approved or monitored the residents sedations prior to its implementation. Minutes later, the qualified mental retardation professional (QMRP) confirmed the findings.</p> <p>2. 7-1305.05 (h) "All prescriptions for psychotropic medications shall be written with a termination date, which shall not exceed thirty days"...</p> <p>The GHMRP's primary care physician/psychiatrist failed to ensure orders for psychotropic medications had a termination date which did not exceed thirty days as for signed physician orders (POS), for two of the two residents in the sample. (Residents #1 and #2)</p> <p>a. Interview with the direct care staff on January 6, 2010, at approximately 8:05 a.m., revealed that Resident #1 received psychotropic medications to address his behaviors. Review of the resident's POS on the same day, at 8:45 a.m., revealed that the resident received Thorazine HCL 100 mg in the morning and Thorazine HCL 200 mg in the evening. Interview with the registered nurse (RN) confirmed that the resident received the aforementioned medication.</p> <p>Review of Client #1's POS dated October 18, 2010, on January 6, 2011, at approximately 12:30 p.m., confirmed that the resident was prescribed Thorazine HCL 100 mg in the morning and Thorazine HCL 200 mg in the evening.</p> <p>Interview with the RN on January 6, 2011, at approximately 11:00 a.m., confirmed that the last POS were dated September 1, 2010.</p>	I 500			

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I 500	<p>Continued From page 10</p> <p>3. Interview with the direct care staff on January 6, 2010, at approximately 8:05 a.m., revealed that Resident #2 received psychotropic medications to address his behaviors. Record review on January 6, 2011, at 3:00 p.m., revealed that Resident #2 received Neurontin 600 mg, twice a day and Seroquel 300 mg, in the morning and 500 mg, in the evening. Interview with the registered nurse (RN) confirmed that the resident received the aforementioned medications for his maladaptive behaviors.</p> <p>Review of Client #2's POS dated October 1, 2010, on January 6, 2011 and January 7, 2011, at approximately 3:00 p.m., and 10:45 a.m., respectively confirmed that the resident was prescribed Neurontin 600 mg, twice a day and Seroquel 300 mg, in the morning and 500 mg, in the evening.</p> <p>Interview with the RN on January 7, 2011, at approximately 1:00 p.m., confirmed that the last POS were dated September 1, 2010.</p>	I 500			